Iowa Academy of Family Physicians
Testimony Presented by John F. Murphy, M.D.
to the Government Oversight Committee Subcommittee
on House Study Bill 302 September 20, 2005

Dr. Murphy is a family physician from Boone, Iowa, specializing in Geriatric medicine. Dr. Murphy has practiced for 40 years.

- I've had forty years in medicine, four years as a Naval medical officer, two years in Viet Nam, and 36 years as a family physician, here's a little of what I've learned…

- There is a patient-doctor relationship that is every bit as sacred as that of the priest and parishioner. This relationship is based on trust, friendship, and love. It transcends race, creed, religion and politics. This relationship is the guidepost and the prevailing environment Iowans encounter today as they approach death.

- What happens at the End of Life and what is being done by families and physicians?
    - Where there is pain there is relief…
    - Where there is anxiety there is soothing...
    - Where there is fear of abandonment there is reassurance…
    - Where there is ignorance, wisdom…
    - And where there is hopelessness there is hope
    - Every death is a little different
    - Sometimes awareness diminishes and death comes as a natural decline of vital systems
    - Sometimes death comes as shockingly as "when you pull a doorknob to enter a room and the knob comes off suddenly in your hand…"
    - If anything, physicians err on the side of doing too much to prolong life more than they err in doing too little
    - However, an overly aggressive effort to prolong life will frequently make the dying process more difficult, and more painful
    - There is a time to die, we will all get our shot at it, and we all hope for a physician and a family that is knowledgeable, sensitive, and empathic to totally support us at this most vulnerable time…
    - It is simple but it is not simple, it is easy but it is difficult. I don't see how this can be legislated…

- Do end of life treatments provide comfort and relief of pain, prolong the living, or do they prolong the dying?
    - Patients and families and physicians do their best to predict the timing of death and the usefulness of end–of-life heroics, again the question is can we prolong the living and not the dying…
    - Heroics include a lot of things; among them mechanical ventilation, cardiopulmonary resuscitation, a variety of surgical procedures, prolonged intravenous therapies, and nasogastric or gastrostomy tube feedings.

- <u>Tube feeding is an invasive medical procedure</u>. It is not the same as Food and Water.

- Always associated with the inevitable risk of aspiration and pneumonia.
- Nasogastric feeding is uncomfortable, NG tubes can be painful.
- Placement of an abdominal feeding tube requires a surgical procedure and an anesthetic.

- Hydration at the end of life often produces unwanted adverse effects...
  - Patients develop airway problems with increased secretions and air hunger.
  - Worsening of congestive heart failure is likely.
  - This changes an easy (so-called dignified) death into a drowning death.

- The Terri Schiavo case was an aberration.
  - In forty years of practice I've attended scores if not hundreds of deaths; never did anything such as that occur to my knowledge.

- Advance Directives are useful but not everyone will have a living will.
  - Certainly physicians don't abandon the dying. We don't starve people. There are plenty of situations where feeding tubes are indicated and are used, but not at the end of life.
  - Conversations with physician and family regarding wishes concerning end-of-life care are a viable and working mechanism in use today in Iowa.
  - This works in Iowa.
  - Clearly we do need continued education of the public and physicians regarding existing advanced directives.
  - I suggest the legislature take an educational approach to this need rather than intruding into the personal lives and wishes of our citizens with a tube feeding decree.
  - The vast majority of patients when asked will spontaneously state, "I don't want any tubes or machines to keep me alive at the end of my life." That is a nearly universal opinion based on my experience.
  - Prolonging a person in a "persistent vegetative state" or in any other process of dying is unkind regardless of the good intentions of the state.

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